

FOR OFFI	CE USE ONLY				
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ARIZONA DEPARTMENT OF EDUCATION SCHOOL EFFECTIVENESS DIVISION SOLUTIONS TEAM APPLICATION

Arizona Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age.

1.					
•	LAST NAME			9.	MY PRIMARY EXPERIENCE IN EDUCATION HAS BEEN: (Check all that apply)
	FIRST NAME				☐ URBAN/INNER CITY ☐ SUBURBAN
2.	PREFERRED EMAIL		HOME WORK		□ RURAL □ CHARTER □ ALTERNATIVE EDUCATION
	ALTERNATE EMAIL		HOME WORK		☐ RESERVATION ☐ HIGH ELL ☐ HIGH POVERTY
3.	PREFERRED PHONE NO.		HOME WORK CELL	10.	HAVE YOU SERVED ON A NORTH CENTRAL PEER REVIEW TEAM IN THE LAST FIVE YEARS?
4.	() ALTERNATE PHONE NO.		HOME WORK		□ YES □ NO
5.	HOME STREET/NUMBER		CELL	11.	ARE YOU CURRENTLY SERVING ON YOUR SCHOOL IMPROVEMENT TEAM? ☐ YES ☐ NO
				12.	ARE YOU CURRENTLY SERVING ON
	CITY	STATE Z	ZIP		YOUR SCHOOL SITE COUNCIL? ☐ YES ☐ NO
6.	CHECK ONE: CURRENTLY EMPLOYED RETIRED*		,	13.	I PREFER TO SERVE AS: ☐ MEMBER ☐ LEADER
7.	*Retirees must be sure that details involvement in school years.				I PREFER TO VISIT: ☐ ELEMENTARY SCHOOLS ☐ MIDDLE OR JUNIOR HIGH SCHOOLS ☐ HIGH SCHOOLS
٠.	CURRENT POSITION				I AM WILLING TO TRAVEL TO THE
	DISTRICT/LEA NAME				FOLLOWING COUNTIES: ALL COUNTIES APACHE COUNTY COCONINO COUNTY
	SCHOOL NAME				☐ COCHISE COUNTY ☐ GILA COUNTY ☐ GRAHAM COUNTY
	SCHOOL STREET/NUMBER				GREENLEE COUNTY LA PAZ COUNTY MARICOPA COUNTY
	CITY	STATE Z	ZIP		☐ MOHAVE COUNTY ☐ NAVAJO COUNTY
8.	INDICATE YEARS OF EXPERIE TEACHER PRINCIPAL OR ASST. SUPERINTENDENT OR				 □ PIMA COUNTY □ PINAL COUNTY □ SANTA CRUZ COUNTY □ YAVAPAI COUNTY □ YUMA COUNTY
	UNIVERSITY FACULTY OTHER:				CONTINUED ON NEXT PAGE

	I AM ABLE TO SERVE: ☐ THREE DAYS ☐ SIX DAYS ☐ NINE OR MORE DAYS				
18.	LANGUAGES OTHER THAN ENGLISH IN WHICH I CAN COM	MMUNICATE:			
19.	A.R.S. §15-241 REQUIRES THAT INDIVIDUALS SERVING O IN ONE OR MORE OF THE FOLLOWING AREAS. FOR THE RELATED POSITIONS AND YEARS OF EXPERIENCE FROM MASTER TEACHER:	AREA(S) YOU CHECK BELOW, CITE			
	□ CURRICULUM/ASSESSMENT SPECIALIST:				
	□ <u>FISCAL ANALYST</u> :				
20.	FOR PURPOSES OF AVOIDING ANY POTENTIAL CONFLICTARIZONA SCHOOLS/DISTRICTS WITH WHICH YOU HAVE WAS CONSULTANT.				
SPE	ASE INCLUDE A RESUME AND THREE (3) <u>CURRENT</u> LETT ECIFICALLY ADDRESS EXPERTISE AS A MASTER TEACHE ECIALIST, AND/OR FISCAL ANALYST.				
I certify that the information presented on this application and my enclosed resume is true, accurate, and complete to the best of my knowledge and belief. I authorize the investigation of all statements contained in the application and resume. I also acknowledge that should an investigation at any time disclose any misrepresentation or falsification, my application and resume may be removed from further consideration, and/or my service with ADE may be terminated.					
	Signature	Date			

RETURN TO KAREN MENGE ARIZONA DEPT. OF EDUCATION 1535 W. JEFFERSON ST. – BIN 10 PHOENIX, AZ 85007